



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re PATENT APPLICATION of

Inventor : O'DEA  
Appln. No. : 10/796,585  
Conf. No.: 1115  
Filed: March 9, 2004  
Title: APPARATUS AND METHOD FOR RELIEVING DYSNEA  
Group Art Unit : Unknown  
Examiner : Unknown  
Docket No. : 98-58 C1

\* \* \* \* \*

October 27, 2004

**RESPONSE TO NOTICE TO FILE MISSING PARTS OF APPLICATION  
(Filing Date Granted)**

Hon. Commissioner of Patents  
and Trademarks  
Alexandria, VA 22313-1450

Sir:

In response to the Notice to File Missing Parts of Application, filing date granted, dated August 27, 2004, applicant hereby submits the following:

1. A copy of the Notice to File Missing Parts, filing date granted, dated August 27, 2004 (Form PTO-1533);
2. A Fee Transmittal Form, submitted in duplicate authorizing the Commissioner to charge the missing filing fee of \$770.00 and the surcharge for late filing fee of \$130.00 to deposit account no. 50-0558; and

**CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.10**

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on October 27, 2004 with sufficient postage as "Express Mail Post Office to Addressee" in an envelope addressed to:

Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  
Express Mail Label No. EL 997387134 US.

*Michael W. Haas*

Michael W. Haas, Reg. No. 35,174

3. A Preliminary Amendment.

The Commissioner is hereby authorized to charge the missing filing fee and the surcharge for late filing fee required under 37 C.F.R. § 1.16(e) to deposit account no. 50-0558. The Commissioner is also authorized to charge any other deficiency in the indicated fees or credit any overpayment to deposit account no. 50-0558.

Respectfully submitted,

By Michael W. Haas  
Michael W. Haas  
Reg. No.: 35,174  
Tel. No.: (724) 387-5026  
Fax No.: (724) 387-5021

RESPIRONICS INC.  
1010 Murry Ridge Lane  
Murrysville, PA 15668-8525



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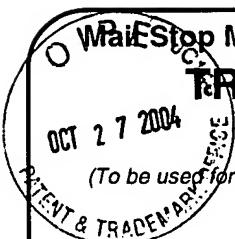


Signature of person mailing correspondence

Michael W. Haas

Typed or printed name of person mailing correspondence

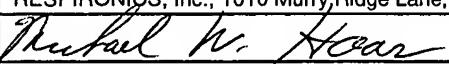
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|   |  |                     |               |
|---|--|---------------------|---------------|
| <br><b>TRANSMITTAL FORM</b><br><i>(To be used for all correspondence after initial filing)</i> |  | Application Number  | 10/796,585    |
|   |  | Filing Date         | March 9, 2004 |
|   |  | Confirmation Number | 1115          |
|   |  | Inventor(s)         | O'DEA         |
|   |  | Group Art Unit      | Unknown       |
| Express Mail Label No.: EL 997387134 US   |  | Examiner            | Unknown       |
| Total Number of Pages in This Submission: 13  |  | Attorney Docket No. | 98-58 C1      |

| ENCLOSURES (check all that apply)   |  |   |  |   |  |
|---|--|---|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><i>(submit in duplicate)</i>            |  | <input type="checkbox"/> Assignment Papers  |  | <input type="checkbox"/> Issue fee Transmittal Form PTOL-85(b) + (c) and Cover Sheet                |  |
| <input type="checkbox"/> Fee Attached      \$ <input type="text"/>                                  |  | <input type="checkbox"/> Cover Sheet  |  | <input type="checkbox"/> After Allowance Communication to Group                                     |  |
| Check No.: <input type="text"/>   |  | <input type="checkbox"/> Drawing Change Authorization Request and Amended Figure(s) |  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences                 |  |
| <input checked="" type="checkbox"/> Amendment / Response  |  | <input type="checkbox"/> Request for Return of PTO-1449 Forms                       |  | <input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> ) |  |
| <input type="checkbox"/> After Final  |  | <input type="checkbox"/> Petition to the Commissioner                               |  | <input type="checkbox"/> Request for Continued Examination (RCE)                                    |  |
| <input type="checkbox"/> Affidavits / Declaration(s)  |  | <input type="checkbox"/> To Convert a Provisional Application                       |  | <input type="checkbox"/> Status Request Letter  |  |
| <input type="checkbox"/> Extension of Time Request  |  | <input type="checkbox"/> Power of Attorney, Revocation Change of Address            |  | <input type="checkbox"/> Small Entity Statement   |  |
| <input type="checkbox"/> Information Disclosure Statement   |  | <input type="checkbox"/> Terminal Disclaimer(s)                                     |  | <input type="checkbox"/> Request for Refund   |  |
| <input type="checkbox"/> Form PTO-1449  |  | <input type="checkbox"/> Certified Copy of Priority Document(s)                     |  | <input checked="" type="checkbox"/> Response to Missing Parts / Incomplete Application              |  |
| <input type="checkbox"/> Cited References   |  | <input checked="" type="checkbox"/> Certificate of Mailing by Express Mail          |  |   |  |
| <input type="checkbox"/> Search report  |  |   |  |   |  |
| <input type="checkbox"/> Drawing(s): Number of Pages _____<br>Number of Figs. _____ and cover sheet |  | <input type="checkbox"/> Other Enclosure(s): _____                                  |  |   |  |
| <input type="checkbox"/> Formal   |  |   |  |   |  |
| <input type="checkbox"/> Informal   |  |   |  |   |  |

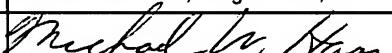
**Current Due Date:** October 27, 2004

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|                        |   |
|------------------------|---|
| Individual and Company | Michael W. Haas, Reg. No. 35,174<br>RESPIRONICS, Inc., 1010 Murry Ridge Lane, Murrysville PA, 15668 |
| Signature              |                  |
| Date                   | October 27, 2004  |

**CERTIFICATE OF MAILING**

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|            |   |      |                  |
|------------|---|------|------------------|
| Typed Name | Michael W. Haas, Reg. No. 35,174  |      |                  |
| Signature  |  | Date | October 27, 2004 |

|  |  |                      |               |
|--|--|----------------------|---------------|
| <b>FEE TRANSMITTAL</b>   |  | Application Number   | 10/796,585    |
| (Effective 10/01/2003)   |  | Filing Date          | March 9, 2004 |
|  |  | First Named Inventor | O'DEA         |
|  |  | Confirmation Number  | 1115          |
|  |  | Group Art Unit       | Unknown       |
|  |  | Examiner's Name      | Unknown       |
| "Express Mail" Label No. EL 997387134 US PATENT & TRADEMARK OFFICE |  | Attorney Docket No.  | 98-58 C1      |
| <b>TOTAL AMOUNT OF PAYMENT</b>                                     |  | \$ 900.00            |               |

| <b>METHOD OF PAYMENT</b>  |                 | <b>FEE CALCULATION (continued)</b>   |                        |  |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
|---|-----------------|--|------------------------|--|------------------------|--|----------------|-----------------|----------------|-----------------|-----------------|----------|------|-----|------|----|--|--------|------|----|------|----|--|--|------|-----|------|-----|---------------------------|--|------|-------|------|-------|--|--|-----|----|-----|----|--|--|------|--------|------|--------|---|--|------|-----|------|----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-------|------|-----|--|--|------|-------|------|-------|---|--|------|-----|------|-----|------------------|--|------|-----|------|-----|--|--|------|-----|------|-----|--------------------------|--|------|-------|------|-------|---|--|------|-----|------|----|--|--|------|-------|------|-----|--|--|------|-------|------|-----|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|----|----------------------|--|------|-----|------|-----|---------------------------|--|------|----|------|----|---|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|--|--|------|-----|------|-----|-----------------------------------|--|---------------------------|--|--|--|--|------------------------|---------------------|--|-----------|--|--|--|------------------|--|-----------------------------|----------|--|--|--------------|---|-------|-----|------|------|-------------|----|--------|-----|------|------|-------------------------------|--|-------|------|--|--|--|--|--|--|--|--|------------------------------|--|------------------------------|------------------------|--|--|------|----|------|---|------------------------|--|------|----|------|----|-----------------------------------|--|------|-----|------|-----|--------------------------|--|------|----|------|----|---|--|------|----|------|---|---|--|---------------------|--|---------|--|--|--|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number      50-0558</p> <p>Deposit Account Name      Respironics, Inc.</p> <p><input checked="" type="checkbox"/> Charge any additional fee required under 37 C.F.R. §§ 1.16, 1.17, 1.19 and 1.20      <input type="checkbox"/> Charge the Issue Fee set forth in 37 C.F.R. § 1.18</p> |                 | <p><b>3. ADDITIONAL FEES</b></p> <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - late filing fee or declaration</td> <td>130.00</td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1811</td> <td>100</td> <td>1811</td> <td>100</td> <td>Certificate of Correction</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>576</td> <td>25</td> <td>576</td> <td>25</td> <td>Additional filing receipt, duplicate or corrected due to applicant error</td> <td></td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for response within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>430</td> <td>2252</td> <td>215</td> <td>Extension for response within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>980</td> <td>2253</td> <td>490</td> <td>Extension for response within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,530</td> <td>2254</td> <td>765</td> <td>Extension for response within fourth month</td> <td></td> </tr> <tr> <td>1255</td> <td>2,080</td> <td>2255</td> <td>1,040</td> <td>Extension for response within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>340</td> <td>2401</td> <td>170</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>340</td> <td>2402</td> <td>170</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>300</td> <td>2403</td> <td>150</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive unavoidably abandoned application</td> <td></td> </tr> <tr> <td>1453</td> <td>1,370</td> <td>2453</td> <td>685</td> <td>Petition to revive unintentionally abandoned application</td> <td></td> </tr> <tr> <td>1501</td> <td>1,370</td> <td>2501</td> <td>685</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>1502</td> <td>490</td> <td>2502</td> <td>245</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>1814</td> <td>110</td> <td>2814</td> <td>55</td> <td>Statutory Disclaimer</td> <td></td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Director</td> <td></td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of property)</td> <td></td> </tr> <tr> <td>1809</td> <td>790</td> <td>2809</td> <td>395</td> <td>Filing a submission after final rejection (37 C.F.R. § 1.129(a))</td> <td></td> </tr> <tr> <td>1801</td> <td>790</td> <td>2801</td> <td>395</td> <td>Request for Continued Examination</td> <td></td> </tr> <tr> <td colspan="5">Other Fee (specify) _____</td> <td>SUBTOTAL (3) \$ 130.00</td> </tr> <tr> <td colspan="2"><b>SUBTOTAL (1)</b></td> <td colspan="2">\$ 770.00</td> <td colspan="2"></td> </tr> <tr> <td colspan="2"><b>2. CLAIMS</b></td> <td>Extra Fee from Claims Below</td> <td>Fee Paid</td> <td colspan="2"></td> </tr> <tr> <td>Total Claims</td> <td>3</td> <td>- 3 *</td> <td>0 x</td> <td>18 =</td> <td>0.00</td> </tr> <tr> <td>Ind. Claims</td> <td>14</td> <td>- 20 *</td> <td>0 x</td> <td>88 =</td> <td>0.00</td> </tr> <tr> <td colspan="2">Multiple Dependent Claims add</td> <td>300 =</td> <td>0.00</td> <td colspan="2"></td> </tr> <tr> <td colspan="6">* Enter Highest Number Previous Paid For</td> </tr> <tr> <td colspan="2"><b>Large Entity Fee (\$)</b></td> <td><b>Small Entity Fee (\$)</b></td> <td colspan="3"><b>Fee Description</b></td> </tr> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td colspan="2">Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>88</td> <td>2201</td> <td>44</td> <td colspan="2">Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>300</td> <td>2203</td> <td>150</td> <td colspan="2">Multiple dependent claim</td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td colspan="2">Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td colspan="2">Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="2"><b>SUBTOTAL (2)</b></td> <td colspan="2">\$ 0.00</td> <td colspan="2"></td> </tr> </tbody> </table> |                        |  |                        |  | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or declaration | 130.00 | 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet |  | 1811 | 100 | 1811 | 100 | Certificate of Correction |  | 1812 | 2,520 | 1812 | 2,520 | For filing a request for reexamination |  | 576 | 25 | 576 | 25 | Additional filing receipt, duplicate or corrected due to applicant error |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  | 1251 | 110 | 2251 | 55 | Extension for response within first month |  | 1252 | 430 | 2252 | 215 | Extension for response within second month |  | 1253 | 980 | 2253 | 490 | Extension for response within third month |  | 1254 | 1,530 | 2254 | 765 | Extension for response within fourth month |  | 1255 | 2,080 | 2255 | 1,040 | Extension for response within fifth month |  | 1401 | 340 | 2401 | 170 | Notice of Appeal |  | 1402 | 340 | 2402 | 170 | Filing a brief in support of an appeal |  | 1403 | 300 | 2403 | 150 | Request for oral hearing |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  | 1452 | 110 | 2452 | 55 | Petition to revive unavoidably abandoned application |  | 1453 | 1,370 | 2453 | 685 | Petition to revive unintentionally abandoned application |  | 1501 | 1,370 | 2501 | 685 | Utility issue fee (or reissue) |  | 1502 | 490 | 2502 | 245 | Design issue fee |  | 1814 | 110 | 2814 | 55 | Statutory Disclaimer |  | 1460 | 130 | 1460 | 130 | Petitions to the Director |  | 1807 | 50 | 1807 | 50 | Petitions related to provisional applications |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of property) |  | 1809 | 790 | 2809 | 395 | Filing a submission after final rejection (37 C.F.R. § 1.129(a)) |  | 1801 | 790 | 2801 | 395 | Request for Continued Examination |  | Other Fee (specify) _____ |  |  |  |  | SUBTOTAL (3) \$ 130.00 | <b>SUBTOTAL (1)</b> |  | \$ 770.00 |  |  |  | <b>2. CLAIMS</b> |  | Extra Fee from Claims Below | Fee Paid |  |  | Total Claims | 3 | - 3 * | 0 x | 18 = | 0.00 | Ind. Claims | 14 | - 20 * | 0 x | 88 = | 0.00 | Multiple Dependent Claims add |  | 300 = | 0.00 |  |  | * Enter Highest Number Previous Paid For |  |  |  |  |  | <b>Large Entity Fee (\$)</b> |  | <b>Small Entity Fee (\$)</b> | <b>Fee Description</b> |  |  | 1202 | 18 | 2202 | 9 | Claims in excess of 20 |  | 1201 | 88 | 2201 | 44 | Independent claims in excess of 3 |  | 1203 | 300 | 2203 | 150 | Multiple dependent claim |  | 1204 | 86 | 2204 | 43 | Reissue independent claims over original patent |  | 1205 | 18 | 2205 | 9 | Reissue claims in excess of 20 and over original patent |  | <b>SUBTOTAL (2)</b> |  | \$ 0.00 |  |  |  |
| Large Fee Code  | Entity Fee (\$) | Small Fee Code   | Entity Fee (\$)        | Fee Description  | Fee Paid               |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| 1051  | 130             | 2051   | 65                     | Surcharge - late filing fee or declaration                               | 130.00                 |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| 1052  | 50              | 2052   | 25                     | Surcharge - late provisional filing fee or cover sheet                   |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| 1811  | 100             | 1811   | 100                    | Certificate of Correction  |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| 1812  | 2,520           | 1812   | 2,520                  | For filing a request for reexamination                                   |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| 576   | 25              | 576  | 25                     | Additional filing receipt, duplicate or corrected due to applicant error |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| 1805  | 1,840*          | 1805   | 1,840*                 | Requesting publication of SIR after Examiner action                      |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| 1251  | 110             | 2251   | 55                     | Extension for response within first month                                |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| 1252  | 430             | 2252   | 215                    | Extension for response within second month                               |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| 1253  | 980             | 2253   | 490                    | Extension for response within third month                                |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| 1254  | 1,530           | 2254   | 765                    | Extension for response within fourth month                               |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| 1255  | 2,080           | 2255   | 1,040                  | Extension for response within fifth month                                |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| 1401  | 340             | 2401   | 170                    | Notice of Appeal   |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| 1402  | 340             | 2402   | 170                    | Filing a brief in support of an appeal                                   |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| 1403  | 300             | 2403   | 150                    | Request for oral hearing   |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| 1451  | 1,510           | 1451   | 1,510                  | Petition to institute a public use proceeding                            |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| 1452  | 110             | 2452   | 55                     | Petition to revive unavoidably abandoned application                     |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| 1453  | 1,370           | 2453   | 685                    | Petition to revive unintentionally abandoned application                 |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| 1501  | 1,370           | 2501   | 685                    | Utility issue fee (or reissue)   |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| 1502  | 490             | 2502   | 245                    | Design issue fee   |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| 1814  | 110             | 2814   | 55                     | Statutory Disclaimer   |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| 1460  | 130             | 1460   | 130                    | Petitions to the Director  |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| 1807  | 50              | 1807   | 50                     | Petitions related to provisional applications                            |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| 1806  | 180             | 1806   | 180                    | Submission of Information Disclosure Stmt                                |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| 8021  | 40              | 8021   | 40                     | Recording each patent assignment per property (times number of property) |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| 1809  | 790             | 2809   | 395                    | Filing a submission after final rejection (37 C.F.R. § 1.129(a))         |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| 1801  | 790             | 2801   | 395                    | Request for Continued Examination  |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| Other Fee (specify) _____   |                 |  |                        |  | SUBTOTAL (3) \$ 130.00 |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| <b>SUBTOTAL (1)</b>   |                 | \$ 770.00  |                        |  |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| <b>2. CLAIMS</b>  |                 | Extra Fee from Claims Below  | Fee Paid               |  |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| Total Claims  | 3               | - 3 *  | 0 x                    | 18 =   | 0.00                   |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| Ind. Claims   | 14              | - 20 *   | 0 x                    | 88 =   | 0.00                   |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| Multiple Dependent Claims add   |                 | 300 =  | 0.00                   |  |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| * Enter Highest Number Previous Paid For  |                 |  |                        |  |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| <b>Large Entity Fee (\$)</b>  |                 | <b>Small Entity Fee (\$)</b>   | <b>Fee Description</b> |  |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| 1202  | 18              | 2202   | 9                      | Claims in excess of 20   |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| 1201  | 88              | 2201   | 44                     | Independent claims in excess of 3  |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| 1203  | 300             | 2203   | 150                    | Multiple dependent claim   |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| 1204  | 86              | 2204   | 43                     | Reissue independent claims over original patent                          |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| 1205  | 18              | 2205   | 9                      | Reissue claims in excess of 20 and over original patent                  |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |
| <b>SUBTOTAL (2)</b>   |                 | \$ 0.00  |                        |  |                        |  |                |                 |                |                 |                 |          |      |     |      |    |  |        |      |    |      |    |  |  |      |     |      |     |                           |  |      |       |      |       |  |  |     |    |     |    |  |  |      |        |      |        |   |  |      |     |      |    |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |       |      |     |  |  |      |       |      |       |   |  |      |     |      |     |                  |  |      |     |      |     |  |  |      |     |      |     |                          |  |      |       |      |       |   |  |      |     |      |    |  |  |      |       |      |     |  |  |      |       |      |     |                                |  |      |     |      |     |                  |  |      |     |      |    |                      |  |      |     |      |     |                           |  |      |    |      |    |   |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |  |  |      |     |      |     |                                   |  |                           |  |  |  |  |                        |                     |  |           |  |  |  |                  |  |                             |          |  |  |              |   |       |     |      |      |             |    |        |     |      |      |                               |  |       |      |  |  |  |  |  |  |  |  |                              |  |                              |                        |  |  |      |    |      |   |                        |  |      |    |      |    |                                   |  |      |     |      |     |                          |  |      |    |      |    |   |  |      |    |      |   |   |  |                     |  |         |  |  |  |

| <b>SUBMITTED BY</b>   |                 |      |                  |                        |         |
|-----------------------|-----------------|------|------------------|------------------------|---------|
| Typed or Printed Name | Michael W. Haas |      |                  | Reg. Number            | 35,174  |
| Signature             | Michael W. Haas | Date | October 27, 2004 | Deposit Account Number | 50-0558 |



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| APPLICATION NUMBER | FILING OR 371 (c) DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|------------------------|-----------------------|------------------------|
| 10/796,585         | 03/09/2004             | John O'Dea            | 98-58 C1               |

30031  
MICHAEL W. HAAS, INTELLECTUAL PROPERTY COUNSEL  
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CONFIRMATION NO. 1115  
FORMALITIES LETTER

\*OC000000013658859\*

Date Mailed: 08/27/2004

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

*Filing Date Granted***Items Required To Avoid Abandonment:**

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 770 to complete the basic filing fee for a non-small entity. If appropriate, applicant may make a written assertion of entitlement to small entity status and pay the small entity filing fee (37 CFR 1.27).*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

**SUMMARY OF FEES DUE:**Total additional fee(s) required for this application is **\$900** for a Large Entity

- **\$770** Statutory basic filing fee.
- **\$130** Late oath or declaration Surcharge.

Replies should be mailed to: Mail Stop Missing Parts  
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01 FC:1001 790.00 DA  
02 FC:1051 130.00 DA

*A copy of this notice **MUST** be returned with the reply.*

T.TU

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